U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2 | 88

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004

Through: 12 /

31 /

3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MARIO MATTERA	Name PLUMBERS LOCAL UNION NO. 200		
	Labor Organization File Number 529-417		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2123 5TH AVENUE	Street 2123 5TH AVENUE		
City RONKONKOMA	City RONKONKOMA		
State New York ZIP Code + 4 11779	State New York ZIP Code + 4 11779		
5. Position in labor organization. BUSINESS AGENT			
A. Held an interest in, engaged in transactions (including loans) with, or	Islans set forth in the instructions):		
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 631-981-2158			
	Date Telephone Number		

Name of Person Filing MARIO MATTERA		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business yely seeking to represent, or lirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL UNION NO. 200	X a. Labor Organizati	t	
Trade Name, if any: APPRENTICE TRAINING FUND	a. Labor Organizati	ion	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1 AMES COURT SUITE 210			
City PLAINVIEW			
State New York ZIP Code + 4 11803			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin		
Name	Collectively bargai	ned benefit fund.	1
Trade Name, if any:	er control of the con		
P.O. Box, Bldg., Room No., if any	4 in the Andreadon Constant		o mercen year and a debate.
Street	11.b. Approximate dollar value	e of such dealing.	
City	12.a. Nature of interest held	-	\$494\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
State New York ZIP Code + 4	APPRENTICE GRADUATI		on 6/12/2004
	and discontinuous properties of the control of the		7
			THE PROPERTY OF THE PROPERTY O
	12.b. Amount.		\$130
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a, Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).		уу уул баасуна жүржүрүү	
Name			many special control of the second control o
Trade Name, if any:			The state of the s
P.O. Box, Bldg., Room No., if any			e Community and a second and a
Street			Glade video more
City			en e
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment,		

Name of Person Filing	MATTERA		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PLUMBERS LOCAL UNION NO. 200	a. Labor Organization	
Trade Name, if any: PENSION FUND		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1 AMES COURT SUITE 210	c. Employer	
City PLAINVIEW		
State New York ZIP Code + 4 11803		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Collectively bargained benefit fun	đ
Trade Name, if any:	The second secon	
P.O. Box, Bldg., Room No., if any	The second secon	THE PROPERTY OF THE PROPERTY O
Street	The state of the s	
	Act of the second	W/W
City		
State New York ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	REIMBURSEMENT OF EXPENSES FOR ATTE	1
	CONFERENCE: 2001 PORTFOLIO CONCEP CONFERENCE 10/4-7 2004	rs & management
	-	
	Paramonda do	
	Provide and the second	
	12.b. Amount.	\$462

Name of Person Filing MARIO MATTERA	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Plumbing Contractors Assoc. of Long Island		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
	c. Employer	
Street 16 Lucinda Drive		
City Babylon		
State New York ZIP Code + 4 11702		
10. If 9,b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Business Association	and the state of t
Trade Name, if any:	•	The state of the s
P.O. Box, Bldg., Room No., if any		
Street		
Oneer		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	Golf outing held on 7/7/2004	
	3	
	12.b. Amount.	\$145

Name of Person Filing MARIO MAT	ITERA	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Plumbing Contractors Assoc. of Long Island Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 16 Lucinda Drive City Babylon	a. Labor Organization b. Trust c. Employer	
State New York ZIP Code + 4 11702		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Business Association through Colle Agreement	ctive Bargaining
Trade Name, if any:		1 100
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	Luncheon associated with education on 6/10/2004	al seminar held
	12.b. Amount.	\$26

Name of Person Filing	MARIO MATTERA	File Number U-	

O Alexandra Harris of Provinces Co. L. C. and A. an	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	o. Dasiness deals with	
Name Plumbing Contractors Assoc. of Long Island	process to the same of the sam	
	a. Labor Organization	
Trade Name, if any:	,	
P.O. Box, Bldg., Room No., if any	b. Trust	
	c. Employer	
Street 16 Lucinda Drive	o. Employa	
City Babylon		
State New York ZIP Code + 4 11702		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Business Association through Colle	ctive Bargaining
	Agreement	A Commenter of the Comm
Trade Name, if any:		Personal Liversian
P.O. Box, Bldg., Room No., if any		Vermania in the control of the contr
		at the Millians and
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	Christmas dinner held on 12/10/200	4
		and the second s
		The state of the s
		a vygagaja
		della
		Acquiring
	12.b. Amount.	\$193